| Standard: *Waiver, Equivalence or Deferral Form* | |
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| Issue Date: May 5, 2000 | Standard ID: *S-TR-030* |
| Supersedes: April 11, 2000 | Rev/Change 2.0 |

1. **Purpose:** To request that an employee be allowed to not take a course or to delay taking a course.

2. **Creating Procedures:**
   P-TR-030 - Waiver, Equivalence or Deferral Request

3. **Contents:**
   a) *Employee Name:* the name of the employee the request is for
   b) *Employee #/SSN#:* provide SAIC employee number or SSN# for non-SAIC employees
   c) *Prepared By:* the name of the person who filled out this form
   d) *Date:* the date the form was filled out
   e) *Phone Number*: the phone number of the employee
   f) *Supervisor*: the name of the employee's supervisor
   g) *Current Project(s)*: the names of the projects the employee is currently working on
   h) *Roles:* the SW CMM roles the employee currently fills
   i) *Course for which waiver is requested*: the name of the course the employee is requesting a waiver for
   j) *Reason for requested waiver*: the explanation for the waiver request
   k) *Course for which equivalence is requested*: the name of the course the employee is requesting an equivalence for
   l) *Formal training completed which is proposed as equivalent training*: the training that the employee believes satisfies the requirements of the equivalent course
   m) *Proposed reason(s) to demonstrate equivalency*: explanation why the employee believes the training is equivalent
   n) *Evidence provided to demonstrate employee successful completion of alternate proposed equivalent training*: Certificate of completion, etc.
   o) *Course for which deferral requested*: the name of the course the employee is requesting a deferral for
   p) *Requested duration of deferral:* the length of time the employee wishes to delay the class
   q) *Proposed reason for qualifying for deferral*: the explanation for the deferral request
   r) *Supervisor Signature*: signature of the employee's supervisor
   s) *Date*: the date the supervisor signed the form
   t) *Disposition*: indicates if the supervisor approves or rejects the employee's request
   u) *SPGC Signature*: signature of the Software Process Group Chairperson
   v) *Date*: the date the SPG signed the form
   w) *Disposition*: indicates if the SPG approves or rejects the employee's request

4. **Format:**
   Following Page

5. **Notes:**

This standard does not apply to facilitated group video training.  For facilitated group training the Facilitator will append a note to the attendance rooster certifying that the attendees viewed the training and completed all of the exercises and the exam, as required by the specific video course.  All planned facilitated video training sessions must be approved by the SPG.

**Waiver, Equivalence or**
_____

**Deferral Request**

Employee Name:

Employee # or SSN#_____
Prepared By: _____
Date:_____

**Employee Information:**

Phone Number: _____     Supervisor:_____

Current Project(s)  :_____     _____

_____     _____

Role(s):_____     _____

_____     _____

**Waiver:**

Course for which waiver is requested: _____
Reason for requested waiver:

**Equivalence:**

Course for which equivalence is requested: _____
Formal training completed which is proposed as equivalent training:

Proposed reason(s) to demonstrate equivalency:

Evidence provided to demonstrate employee successful completion of alternate proposed equivalent training:

**Deferral:**

Course for which deferral requested:_____
Requested duration of deferral:_____
Proposed reason for qualifying for deferral:

Supervisor Signature:_____ Date:_____ Disposition: ___Approved___Rejected

SPGC Signature:_____ Date:_____ Disposition: ___Approved___Rejected